

Food and Facilities Program

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Use of Commissary Agreement

It is required that the operation of a Mobile Food Service unit (cart/vehicle/trailer) or Limited Food Service (movable building) be based from an approved commissary kitchen or servicing area. (Be advised that commissary kitchen use outside of King County will not be allowed.) The commissary is an essential part of a mobile unit's operation and must have facilities for supply storage, equipment cleaning, food preparation and other servicing activities. Minimum plumbing requirements for a commissary include a 3-compartment sink, a mop sink for dumping waste water, and a hand wash sink. An indirectly drained food preparation sink will be required if produce washing occurs as part of the preparation activity. Plan/Permit approval is contingent upon thorough documentation of the servicing activities to be performed at the commissary. Provide scale drawings of the commissary kitchen ...showing the food service equipment and storage to be used. (**All** of these items must be addressed ...as incomplete plan submittals may delay approval.) Indicate which of the following services will be allowed for use at the commissary:

- | | |
|--|---|
| <input type="checkbox"/> 3-Compartment Sink*
<input type="checkbox"/> Food Prep Sink
<input type="checkbox"/> Dry Storage Space (Linear square feet) _____
<input type="checkbox"/> Restroom Access*
<input type="checkbox"/> Key Accessibility to Commissary (<i>If necessary</i>)*
<input type="checkbox"/> Preparation Table/Equipment
<input type="checkbox"/> Cart Storage Space
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Hand Wash Sink*
<input type="checkbox"/> Commercial Refrigeration Space
<input type="checkbox"/> Freezer Space
<input type="checkbox"/> Ice Machine
<input type="checkbox"/> Cooking Equipment
<input type="checkbox"/> Mop Sink*
<input type="checkbox"/> Off Street Parking for trucks/trailers
<i>*Minimum Required Access</i> |
|--|---|

Commissary Information: Name of Business: _____
 Address: _____ City: _____ Zip: _____
 Contact Person: _____ Title: _____ Phone: _____
 Business Hours of Operation: _____
 Email: _____
 Do other mobile food cart/vehicle vendors use this kitchen as a commissary? ☐ Yes ☐ No If so, how many _____

Mobile Unit/Vendor Information: Name of Business: _____
 Owner/Operator: _____ Phone: _____
 Address: _____ City: _____ Zip: _____
 Days/Time at Commissary: _____
 Email: _____

 (Commissary Owner/Agent – Printed Name & Title)

 (Mobile/Vendor – Printed Name & Title)

 (Commissary Owner/Agent – Signature & Date)

 (Mobile/Vendor – Signature & Date)

This agreement between the owner of the commissary and the owner/vendor of the mobile food unit operation signifies that both parties agree to the allowed use of the commissary as specified. **Note that this agreement is not transferable. Should there be a change in ownership of either the commissary or mobile food unit owners, or should there be any modification or cancelation of this agreement between parties, then the Public Health – Seattle & King County Mobile Food Service Operators Permit may be suspended.**

Office Use Only: Commissary Suitability / HEI Concurrence: _____
(Printed Name) (Signature) (Date)